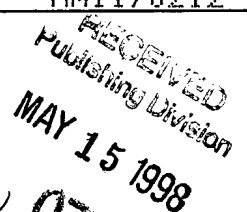


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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)			
INVENTOR'S NAME			
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CO-INVENTOR'S NAME			
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APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/712,302	09/11/96	003	SPECTOR, L	1646 02/12/98

First Named Applicant	GROTENDORST, GARY R.
-----------------------	----------------------

TITLE OF TREATMENT OF CELL PROLIFERATIVE DISORDERS USING ANTIBODIES WHICH BIND CONNECTIVE TISSUE GROWTH FACTORS (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 07414/002003	424-158.100	A43	UTILITY	YES	\$660.00	05/12/98

3. Correspondence address change (Complete only if there is a change)

05/19/1998 SHARRELL 00000222 08712302

01 FC:242 660.00 OP
02 FC:561 30.00 OP

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 FISH & RICHARDSON PC
2 _____
3 _____

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:
University of South Florida
(2) ADDRESS: (CITY & STATE OR COUNTRY)
Tampa, Florida

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advance Order - # of Copies 10

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A ☐ This application is NOT assigned.

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Lisa A. Haile (Date) 5/12/98

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May 12 1998 (Date)

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FISH & RICHARDSON, P.C.
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